

FAT FROGS

TRIATHLON

Fat Frogs Tri provides group triathlon coaching and training to multi-sport athletes of all ages & abilities.

Let our USAT certified coaches help develop, strengthen, and improve all of your triathlon disciplines; swim, bike and run. Our coaches' certifications include USAT Level 1, ASCA, USA Swimming, and RRCA running.

From beginners to advanced competitive athletes (juniors & age group), we create a team atmosphere complete with a fun and supportive environment.

FFT is committed to education of triathlon, promotion of safe training, and helping individuals reach their goals within multi-sport.

Monthly seminars or clinics presented by guest professional speakers are provided to compliment any training plan. Topics my include nutrition, body mechanics, recovery, race disciplines, and much more.

Training schedule:

Swim: Sunday 11:30-1:00

Run: Tuesday 6pm at Shop (Various locations; Tracks, Oak Grove Park and Mt. Trashmore when the days get longer)

Bike: Thursday 7:30pm at Shop (Spin during winter)
Thursday 6:00pm Outside as daylight starts to allow

Core: TBD

Long Rides: Saturday mornings from Shop (to start March/April timeframe)
Various training distances for short & long course

Swim will be on Sunday's from 11:30 to 1pm at the Great Bridge Swim & Racquet Club. One on one's will be from 10:30-11:30. When open water is warm enough, we will be training at a local lake at 2:00pm and at time to be determined for swims at the Virginia Beach bay. These swim times may be shifted during the summer.

Training times may vary slightly to accommodate venue, weather, trainer schedule & other extenuating circumstances



Fee schedule:

\$25.00 One time charge. This fee will cover the team's administrative fees, insurance and team t-shirt.

\$50.00 Monthly team dues, per person.

The dues will cover our pool rental, coaching equipment, bike and running clinics, & coaching fees.

We will not be able to pro-rate any dues for missed sessions.

Registration form and waiver must be filled out before you attend your first workout.

Payment NOT made thru PayPal must be a check made payable to "Fat Frogs Tri". The shop cannot accept credit card payments for the team. NO Cash payments accepted.

One on one training options:

\$80 a month* Personal Triathlon Coaching: Professional and personalized coaching programs built around you and your triathlon ambitions.

Monthly dues are NOT included in these dues for FFT team members

\$130 a month* Personal Triathlon Coaching for those not participating in weekly workouts and require additional personal coaching.

*Training Peaks Premium is required for this plan

Ala Carte

\$30 Per 1 Hr session One on one swim coaching.

\$30 Per 1 Hr session One on one bike coaching

\$30 Per 1 Hr session One on one run coaching

FAT FROGS

TRIATHLON

2014 Team Application

Personal Information

Name Last: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Information

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Point of Contact

Name: _____ Relationship: _____

Phone: _____

Racing Information

Birthdate: _____ Racing Age: _____

USAT License #: _____ Expiration Date: _____

Signature: _____ Date: _____

Waiver of Liability, Assumption of Risk & Indemnity Agreement

Required Waiver - General

Waiver: In consideration of being permitted to participate in any way in TRIATHLON RELATED ACTIVITIES, hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue,** FAT FROG TRIATHLON, "The Company," its officers, employees, and agents from liability **from any and all claims** resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to **INDEMNIFY AND HOLD** The Company **HARMLESS** from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse The Company for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Virginia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Participant	Print Name of Participant	Date	Age (if Minor)
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Signature of Parent/Guardian of Participant if Minor	Date
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Print Name of Parent/Guardian of Participant if Minor

Waiver of Liability, Assumption of Risk & Indemnity Agreement

Lake & Open Water Swim Required Waiver

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Print Name of Parent/Guardian of Participant if Minor

Team Expectations

To keep the Fat Frogs Triathlon Team cohesive, void of drama, and maintain the integrity of the business there are some expectations that must be upheld.

- Fat Frogs Tri is a company, so that all logos are trademarked and may only be used and replicated by the owners, unless otherwise authorized.
- As an athlete of Fat Frogs Tri, it is in your best interest to make your coaches aware of any external sources you may be using in supplementation for your training; ie online training plans, physical therapists, additional coaches.
- Communicate to your coaches of any concerns you may have. Do not use other athletes as your voice or vent. We cannot fix what we are not aware of.
- Manage your family. Ensure your family members are conscious of how much training time, equipment & racing funds are expected during the course of the year of triathlon.
- No one shall use social media for club functions. Training schedules, plans and workouts are not to be shared.
- No use of Facebook, Twitter, or other social media in the name of FFT. Only Fat Frogs Tri, LLC can initiate these pages.
- Two weeks notice required to terminate membership from team.
- One month notice required to terminate One on One coaching.
- Coaches have the right to release athletes from FFT if expectations are not met.

Physical Activity Readiness Questionnaire (Par-Q)

Name _____ Date of Birth _____

Phone _____

For most people physical activity should not pose any problem or hazard. The Par-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these questions. Please read them carefully and check **YES** or **NO** if it applies to you. If a question is answered with **YES**, ***please use the available space to explain your answer and give additional details.***

1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES NO

2. Do you feel pain in your chest when you do physical activity? YES NO

3. In the past month, have you had chest pain when you were not doing physical activity? YES NO

4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES NO

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? YES NO

7. Do you know of any other reason why you should not do physical activity? YES NO

8. Do you currently participate in any regular activity program designed to improve or maintain your physical fitness. YES NO
If yes, what activity program do you participate in? _____

Medical History

Cardiovascular Disease Risk Factor

Has a doctor or health professional ever told you that you have any of the following conditions?

- Heart Disease
- Family history of heart disease
- High Blood Pressure
- High Cholesterol
- Obesity
- Lack of physical activity
- Diabetes
- Impaired fasting glucose
- High HDL (negative risk factor)

Do you have any of the following?

- Back Pain
- Joint, tendon, or muscular pain
- Lung disease (asthma, emphysema, etc.)

Please explain:

Medication Use

Are you currently taking any of the following medications:

- Blood Pressure Medication
- Cholesterol Medication
- Blood Sugar Medication
- Heart Medication
- Other Medication(s).

Please list:

Which best describes your current smoking status?

- I have NEVER smoked or quit more than 6 months ago?
- I CURRENTLY smoke or quit within the last 6 months.

Overall State of Health

How would you rate your overall state of health?

- Poor
- Fair
- Good
- Excellent

RELEASE FORM FOR PARTICIPATION IN A FAT FROGS HEALTH FITNESS PROGRAM

I hereby request the opportunity to participate in a test and exercise program consisting of physical exercise designed to improve cardiovascular efficiency, and develop muscular strength and endurance. I hereby acknowledge that my participation in such program is entirely voluntary on my part.

It is possible that certain unhealthy changes may occur during exercise (e.g., dizziness/fainting, abnormal heart rhythms, and in rare instances, heart attacks). I hereby accept all risks of such changes. The information which is obtained through this program will be confidential and become a part of my Fat Frogs medical records. The data obtained, however, may be used for statistical purposes.

In consideration of acceptance of my participation in such program, I hereby release Fat Frogs Bike & Fitness of Chesapeake and all officers, directors, and employees of any of the foregoing for liability for any injury or damage sustained by me while participating in such a program.

(Sign Name)

(Date)

(Print Name)

(last 4 digits of social security number)

FAT FROGS TRIATHLETE QUESTIONNAIRE

The triathlete questionnaire is one of the most important forms you will share with your coaches, and will allow thorough development of a personalized training program. Plan on taking 45-60 minutes to complete the form, and do not hesitate to contact your coach if there is additional information you wish to share.

Name: _____ Age: _____

Today's Date: _____

Primary e-mail address: _____

Primary phone: _____

Use the Following Scale to Self-Rate Your Current Skill Level in each Sport (circle one):

- 1=completely inexperienced
- 2=basic knowledge
- 3=average
- 4=above average
- 5=expert

Swim Skill:

1 2 3 4 5

Describe your swim history:

Bike Skill:

1 2 3 4 5

Describe your cycling history:

Run Skill:

1 2 3 4 5

Describe your running history:

The following fields are designed to give your coach an idea of your current and potential training frequency and volume. If your schedule changes from week to week, that's OK. The main focus of this part of the questionnaire is to let your coaches know what your current training schedule looks like, and how much potential flexibility you have in your training days/hours.

Current Swim Schedule:

Potential Days/Hours Available for Swimming:

Current Bike Schedule:

Potential Days/Hours Available for Cycling:

Current Run Schedule:

Potential Days/Hours Available for Running:

Current Weights/Core/Flexibility Schedule:

Potential Days/Hours Available for Weightlifting/Core Training/Flexibility:

The following questions are designed to give your coaches a better idea of how you train and what type of workouts you perform. Be as specific as possible. If you utilize a power meter, heart rate monitor or heart rate training zones, describe your intensities. You can also describe your intensities using a rating of perceived exertion (1=easy, 10=hard) or an adjective (easy, long, hard, fast, short, etc.). Remember to indicate if you currently utilize bricks or combined workouts.

Current Swim Protocol:

Current Bike Protocol:

Current Run Protocol:

Current Weights/Core/Flexibility Protocol:

Describe any other sports in which you currently participate:

The following questions will help your coaches determine the equipment and gear you currently use or have access to for training.

Please describe your swimming training and racing gear, including wetsuit, goggle/mask, skinsuit, fins, pull buoy, cap, gloves, socks, elastic swimming bands, aqua belt, etc.

Please describe your cycling training and racing gear, including bike, components, wheels, tires, aerobars, shoes, orthotics, helmet, trainer/roller, etc.

Have you had a professional bike fit? Yes No If so, where? _____

Please describe your running training and racing gear, including shoe type.

Do you use orthotics? Yes No If so, please describe? _____

Please describe any special electronic training equipment to which you currently have access (i.e. Garmin Forerunner, Polar HR Monitor, Computrainer, Powermeter, etc):

Please describe your weightlifting/core/flexibility gear, including free weights, bands, medicine balls, stability balls, and cross training equipment

The following questions are designed to give your coaches a clear idea of your training environment and access to areas for swimming, cycling, running, and other activities.

Please describe your access to pools and open water swim areas. Please include pool size, open water description (lake, river, ocean) and access limitations (year-round, weekdays only, etc.)

Please describe your biking environment, including information on your "favorite" courses near to your home or work, hill access description, areas to perform time trial tests, wind conditions, etc.

Please describe your running environment, including information on your "favorite" courses near to your home or work, hill access description, areas to perform time trial tests, track access, etc.

The following sections are designed to give your coaches an idea of your skill limitations. Please choose the *best possible answer*. Your coaches realizes that you may have multiple priorities or limitations, but choose an answer that is most relevant to you. If you would rather describe your limitations in your own words, please write in the space provided.

Swim:

- I find it difficult to finish the swim portion of a race.
- In choppy open water swims I lose more time than others in my race category.
- My swim technique is poor.
- My swimming gets slower as the race progresses.
- If I start the swim fast I start gasping for air and must slow down more than others in my race category.
- At the end of the swim portion I'm unable to speed up to catch those slightly ahead of me.

🕒 Other:

Bike:

- 🕒 Just finishing the bike leg of a race is difficult for me.
- 🕒 I am passed by lots of other triathletes on hills.
- 🕒 I'm a masher--I push big gears slowly.
- 🕒 Even on flat courses my bike speed decreases near the end.
- 🕒 As the bike portion of a race gets shorter I do worse relative to those in my category.
- 🕒 In short races, I struggle to get over short power hills.
- 🕒 Other:

Run:

- 🕒 I usually find it difficult to finish long runs.
- 🕒 I run up hills slower than most in my race category.
- 🕒 I bounce up and down more than others when I run.
- 🕒 My running gets slower as the race progresses.
- 🕒 In shorter races, if I go anaerobic I'm forced to slow down.
- 🕒 I almost never win a sprint to the finish line.
- 🕒 Other:

Have you had a VO2 or blood lactate test? Please provide the results if available:

Do you currently complete field testing for lactate threshold, VO2 max, maximum heart rate, etc?
If so please describe your field testing procedures and results:

Have you completed any additional tests, such as anaerobic power, resting metabolic rate, etc.?
If so please describe the procedure and results, if available:

Olympic:

Half-Iron:

Iron:

Other (Ultra, Adventure Racing, Marathon, etc.):

Please list every race that you plan to compete in this year. Prioritize your races as high priority (attempting to win, podium, set a PR, complete as a racing milestone, or crucial to your season's goals), medium priority (important race that requires a taper, but not crucial to your season's goals), or low priority (for fun only). Please include any notes (annual "tradition" race, had a DNF last year, must travel significantly to attend, etc.). Copy and include extra sheets if necessary.

Race: _____ Date: _____ Priority: _____

Notes:

Race: _____ Date: _____ Priority: _____

Notes:

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Race: _____ Date: _____ Priority: _____
Notes:

Race: _____ Date: _____ Priority: _____
Notes:

YOU'RE ALMOST DONE! The following questions are designed to familiarize your coaches with your current nutrition and supplementation practices.

What is a typical breakfast?

Lunch?

Dinner?

Describe your snacking habits in between breakfast, lunch, and dinner:

Describe your pre-workout or pre-race nutritional protocol:

Describe your “during the workout” or “during the race” nutritional protocol:

Describe your post-workout or post-race nutritional protocol:

Describe all supplements you are currently using. Include multi-vitamins, sport supplements, electrolytes, and any special pills, capsules or tablets:

How much water do you drink per day, apart from exercise? _____

How much water do you drink during exercise? _____

